

UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Reclamation
Klamath Falls, Oregon

**Klamath Basin 2003 Pilot Water Bank
Application for Groundwater Substitution Program**

Applications must be received at the Klamath Basin Area Office at 6600 Washburn Way, Klamath Falls, Oregon 97603, by 4:00 p.m. PST on March 21, 2003.

1. Name: _____
Address: _____
City, State, Zip Code: _____
Daytime Phone Number: _____
Cell Phone Number (if applicable): _____
Fax, if applicable: _____
2. Name and phone number for point of contact, if different than above:

3. Are you a lessee? (Yes / No) If so, please provide written permission from the landowner to participate in the Groundwater Substitution Program.
4. Do you receive your water from a district served by the Bureau of Reclamation (Yes / No)? If yes, which district? _____
5. Please provide a map showing the location of the wells to be included in the Groundwater Substitution Program (township, range, section, quarter section), how water is delivered to those lands from your well, and the well identifier number. Also, if available include other identifiers such as FSA number, TID field number, or Klamath County Assessor's map tax lot number _____.
6. What is the acreage you propose to include in the Groundwater Substitution Program (acreage will be verified by Reclamation)? _____
7. What quantity of water do you estimate is needed to irrigate the land you propose to include in the Groundwater Substitution Program? _____ (date)
8. What is the current cover on the land you intend to include in the Groundwater Substitution Program? Bare ground, stubble, winter grain ____, alfalfa ____, pasture ____, mint ____, horseradish ____ (Check only one. Submit a separate application for fields with different crop/cover types).
9. For California applicants, please provide a copy of your well log.
10. Please provide any additional information regarding your well and your use of its water which

would help Reclamation evaluate your application.

11. By signing below, you certify that the information included in this proposal is accurate and true to the best of your knowledge.

Please note: To support your application, you may be asked to provide additional information. We will notify the point of contact shown above if additional information is necessary.

Applicant's Signature

Date: _____, 2003

Printed Name